

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		03/10/00
O.I.P.E. CLASSIFIER		48	3/16/00
FORMALITY REVIEW		<i>[Signature]</i>	4/7/00
RESPONSE FORMALITY REVIEW		<i>[Signature]</i>	6-21-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 - Restricted O Objected

BEST COPY

Claim	Final	Original	Date
1	✓	✓	3/01
2	✓	✓	5/01
3	✓	✓	11/01
4	✓	✓	5/02
5	✓	✓	12/02
6	✓	✓	6/03
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
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47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	3/01
52	✓	✓	5/01
53	✓	✓	11/01
54	✓	✓	5/02
55	✓	✓	12/02
56	✓	✓	6/03
57	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	11/01
102	✓	✓	5/02
103	✓	✓	12/02
104	✓	✓	6/03
105	✓	✓	
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146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions
staple additional sheet here

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